



Office of Primary Prevention

2018-2019 Resource Guide

Tennessee Department of Health

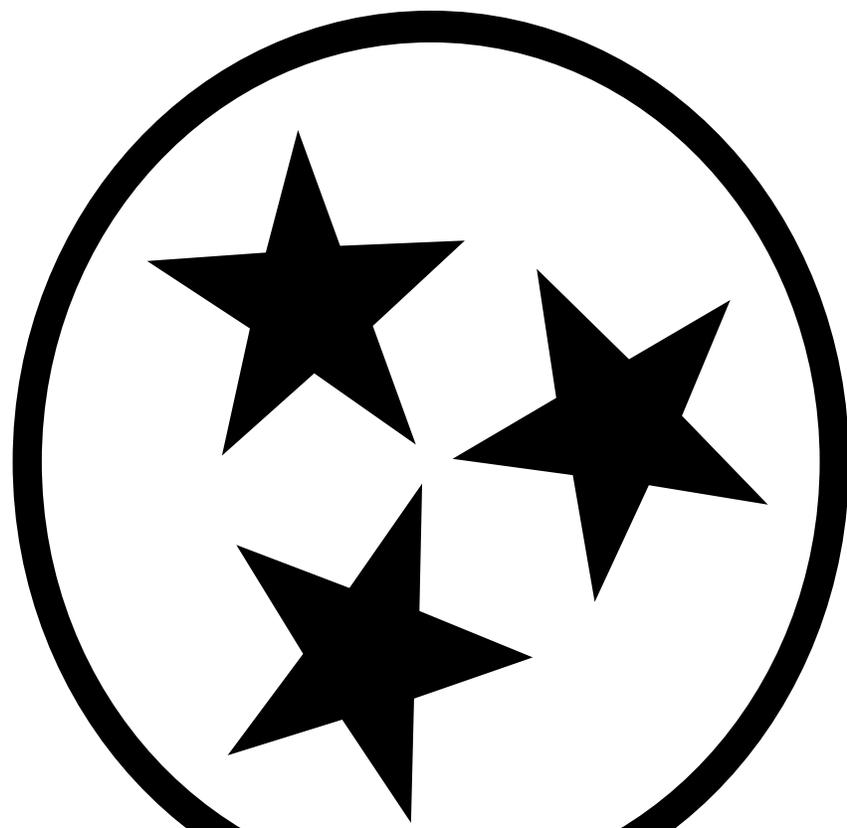


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Introduction

Welcome to the 2018-2019 Office of Primary Prevention Resource Guide. This is an update to the 2017 version that was released with the rollout of Primary Prevention 2.0. We continue to utilize the valuable feedback that you provide us during our local visits and online surveys. We want to make sure you have a constant outlet for your voice to be heard, and that you see that we hear you and are responding to your feedback. At any time, do not hesitate to reach out to our office staff with your questions, feedback (positive & critical), and ideas. Some of the highlights and changes you will see this year include:

- The Primary Prevention Plan is now a part of the County Performance Plan that each rural county health department submits and works towards accomplishing each year. This also means the format is now that of the County Performance Plan, however, the plan still contains many of the same pieces of information that the 2017-2018 plan format included.
- A re-organized Office of Primary Prevention SharePoint Site that addresses everything that the Office is involved with. You will now be able to access more information regarding the Livability Collaborative, Healthy Development Coordinators, Access to Healthy Built Environment Grants, Built Environment resources, Clinical Connection to Primary Prevention, Evaluation Resources, and much more!
- Additions to the Suggested Meaningful Primary Prevention Best Practice charts, which are to be used while in the planning process and can assist you with determining what best practices you want to consider for your community.

You will also continue to see our monthly email newsletter through the year, as well as our quarterly Primary Prevention best practices training webinars, and much more from our office throughout the year!

We look forward to continuing to work with you through the 2018-2019 calendar year and we appreciate all you do!



Leslie Meehan
Director



Patti Scott
Clinical Director



John Vick
**Evaluation &
Assessment
Director**



Matt Coleman
Coordinator

The Levels of Prevention

	PRIMARY Prevention	SECONDARY Prevention	TERTIARY Prevention
Definition	An intervention implemented before there is evidence of a disease or injury	An intervention implemented after a disease has begun, but before it is symptomatic.	An intervention implemented after a disease or injury is established
Intent	Reduce or eliminate causative risk factors (risk reduction)	Early identification (through screening) and treatment	Prevent sequelae (stop bad things from getting worse)
Example	Encourage exercise and healthy eating to prevent individuals from becoming overweight.	Check body mass index (BMI) at every well checkup to identify individuals who are overweight or obese.	Help obese individuals lose weight to prevent progression to more severe consequences.

Adapted from: Centers for Disease Control and Prevention. A Framework for Assessing the Effectiveness of Disease and Injury Prevention. MMWR. 1992; 41(RR-3):001. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00016403.htm>



Students Working Against Tobacco (S.W.A.T.) - Washington County/ Johnson City



Walk Across Williamson County (Franklin) Community Walking Challenge



Coffee County/Tullahoma "Count It, Lock, Drop It"-Prescription Drug Take Back



Primary Prevention in Tennessee

- The Primary Prevention Initiative (PPI) was established by the Tennessee Department of Health (TDH) Commissioner Dr. John J. Dreyzehner in August, 2012.
- Allows for the TDH to make an impact on the health of all Tennesseans and not just those that are served through the clinics.
- The goal is to focus the Department's energy on Primary Prevention, engaging ALL TDH employees' efforts in eliminating risk factors for later health problems within their own communities.
- Establishes a culture change within the local health department to focus on Primary Prevention and assists with making Primary Prevention the cornerstone of our communities.
- Topics and activities vary from county to county, depending upon the needs in the community, however most are focused on upstream efforts that address Physical Activity, Healthy Weight, Tobacco Free Environments, and Substance Misuse.



Meaningful Primary Prevention

Meaningful Primary Prevention activities are going to differ from community to community. What is meaningful in Washington County likely will differ than what is meaningful in Hickman County. However, ***the one common element to meaningful Primary Prevention activities is that they have measurable outcomes.*** This means that at the end of the activity you can measure the success or failure of what was attempted. Meaningful Primary Prevention work also looks to truly align its strategies to help answer the three guiding questions that are found in the 2015 State Health Plan Framework:

Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?



Youth-based Run Club and Greenway Bridge from Coffee County (Manchester)



Mayors of Hamilton County (Chattanooga) Smoke Free Public Places Campaign



Mobile Immunization Clinics-
Montgomery County-
Clarksville

Meaningful Primary Prevention Example

Example Outcome Statement: Improve the culture and create sustainable social support of breastfeeding in our community.

Example Action Steps:

- Build community partnerships and work towards a community purchase of Mamava Pods.
- Finding unused space within facilities to create a Mothers' Room at large public facilities like a local gymnasium/arena, shopping mall, etc.
- Implement rock and relax stations at community festivals and fairs.
- Frequent and prominent promotion of the Breastfeeding Welcomed Here businesses and the Tennessee Breastfeeding Hotline.



Mamava Pod, Nashville



Mother's Room created in unused concession stand at Nissan Stadium, Nashville



Rock & Relax Breastfeeding Station, Hamblen County



Where do health fairs and “one-time events” fall into making this happen?

Health Fairs and many one-time events are very popular in communities and can build a lot of energy and partnerships. However, it is extremely difficult to measure the success of health fairs and one-time events.

You could utilize a health fair/one-time event as an opportunity to promote the hotline and breastfeeding welcomed here businesses and a chance for other businesses to sign up. This could also be a time to help build community support for establishing more mothers' rooms in public facilities across your community, seeking donations of chairs/tables and other items desired for the creation of a community based mothers' room. Rather than the main focus, think of a health fair as a stepping stone to develop and support meaningful Primary Prevention in your community.

Meaningful Clinic-To-Community Primary Prevention

Through feedback that the Office of Primary Prevention received, we were asked in a variety of ways, “What can clinical staff do for Primary Prevention?” Here are some examples to assist with providing an answer to that question.

- You are working with your county to increase breastfeeding via “Breastfeeding Welcomed Here” at your local businesses, and to increase access to lactation rooms/pods in the community. Clinicians can promote breastfeeding and let their patients know about places in your community that make breastfeeding an easy choice.



- Your health department is working on improving 3rd grade reading with your local school through a volunteer reading program. Your clinicians can encourage daily reading, promote Books from Birth, and model “serve and return” infant-adult communication with families. They can teach and mentor new clinicians using Talk With Me Baby resources and videos and recommend Talk With Me Baby resources and books to families.



- You are working with your community to increase use of greenways and parks. Clinicians can participate in that work through discussing exercise as medicine with their patients, encouraging use of community greenways and parks, and writing Park Rx prescriptions for walking and other outdoor activities.



The beauty of an interdisciplinary team is what each member brings to the table! Leverage each member’s expertise and passion for their work both within and outside your clinic walls.

Keep in mind that Primary Prevention is a part of our daily work. Clinical care and Primary Prevention are complimentary. Primary Prevention enhances the value of our care by addressing the underlying reasons people seek services. If you are still struggling with it, please reach out to the Office of Primary Prevention, and we will see what we can do to help!



2018-2019 Primary Prevention Plan Timeline

Spring 2018- formal announcement made by the Office of Primary Prevention on updated planning process, available resources, etc. for the 2018-2019 plans. Formal announcement followed up by LIVE webinars to take a deeper dive into the updates made by the Office of Primary Prevention. These will be recorded and archived to the Office of Primary Prevention SharePoint Site.

Late Spring-through Summer- Local health departments should begin working on their Primary Prevention plan with their entire health department staff. The Office of Primary Prevention is available to assist with the planning process. Our staff can serve as a planning meeting facilitator, a sounding board, etc. Do not hesitate to reach out to the Office of Primary Prevention for their assistance with your plan.

July 1, 2018- The 2018-2019 Primary Prevention Plan can begin being implemented. Work on this new plan will need to be reported into the updated REDCap Reporting System (Which will be available September 2018. For more information on when and what to report, please see the Reporting and Evaluation section of this document.). The Office of Primary Prevention will submit an access link to all registered reporters.

August 31, 2018- Final plans will be submitted to the Community Health Services Offices.

September 30, 2018- Implementation of the 2017-2018 plan ends.

October 31, 2018- All reporting for the 2017-2018 Primary Prevention Plan is due into the REDCap Primary Prevention Reporting System.

June 30, 2019- The 2018-2019 plan ends implementation.

July 31, 2019- All reporting for the 2018-2019 plan is due into the REDCap Primary Prevention Reporting System.

2018-2019 Primary Prevention Plan Format

For the 2018-2019 fiscal year, the Primary Prevention Plan will be fully integrated into the County Performance Plan that is completed annually by the Rural County Health Departments. Below you will see a sample plan format. (A blank plan is available on the Office of Primary Prevention Sharepoint Page). This draft of the completed plan shows mid-year measurables for internal tracking. All reporting will still occur in the Primary Prevention REDCap Reporting System.

This plan can begin being implemented on July 1, 2018 and a final copy of the plan received by the Community Health Services Offices no later than August 31, 2018. Implementation of this plan will end on June 30, 2019.

County Performance Plan Mid-Year Assessment FY2017/2018

County Name: Sevier				<i>Mission: To protect, promote and improve the health and prosperity of people in Tennessee. Vision: A recognized and trusted leader, partnering and engaging to accelerate Tennessee to one of the nation's ten healthiest states.</i>	
Performance Indicator	Outcome Statement 1	Outcome Measure(s)	Action Steps	Mid-Year Measureables	
Big 4 Healthy Weight <i>Supports Competency 1: Health Protection and Promotion</i> <i>Supports Operational Goal 1 – Primary Prevention Upstream</i>	Strategy 1 Goal: To have at least 50% of activity participants indicate an increase in the selection of foods contributing to a healthy diet by September 30, 2018.	<ul style="list-style-type: none"> Pre- and post-test results Number of activity participants Micro Clinic metrics 	<ol style="list-style-type: none"> Provide at least one Micro Clinic course by September 30, 2018. Provide at least ten nutrition education sessions in the community by September 30, 2018. Begin the process of growing a standing or raised community garden in collaboration with UT Extension by September 30, 2018. 	<ul style="list-style-type: none"> One was scheduled in September 2017 at Gatlinburg Community Center, but unable to build program attendance by third session. Second one scheduled to start on January 31, 2018 at Seymour Boys and Girls Club. Provided 3 nutrition education sessions: <ul style="list-style-type: none"> - 2 at Child Health Fairs 10/6/17 with 503 participants 10/27/17 with 853 total participants - 1 for Girl Scouts (11/27/) with 10 participants Post Evaluation: <ul style="list-style-type: none"> - 100% of the participants in the Girl Scout session indicated they would increase fruit and vegetable consumption Master Gardener contacted 	

What area is this plan focused on? Physical Activity? Healthy Weight? Tobacco Free Environment? Substance Misuse? Other (Suicide Prevention, Injury Prevention, etc...).

Write your Outcome Statement in a SMART (Specific, Measurable, Achievable, Relevant, and Time Limited.) Format.

How will you measure your Outcome Statement to determine success or lack of success?

What action steps will take place to help you achieve your outcome statement? Please write these in a SMART Format.

The Format includes an area for you to track your measures at the mid-year and annually, however, you will need to report in the Primary Prevention-REDCap Based Reporting System.



The Ideal Planning Process

The Primary Prevention Plan is intended to provide your entire health department with a guiding document that the staff can see and use to better understand what their individual role will be within the various planned strategies that your health department is going to implement.

At both Blount and Sevier County Health Departments (pictured) the entire staff was involved with their SWOT Analysis that was used to create their 2017-2018 Primary Prevention Plan.

How should we handle our planning process?

During the 2017-2018 planning process, many counties handled the planning process differently. Rather than your health educator or a single staff person developing the Primary Prevention Plan, the

planning effort should involve all staff in your department. This would allow for all staff persons to have input in the plan, potentially improved buy-in, and leave the process having a better idea of what the health department is focused on. This involvement can help each staff member

An ideal planning process for your health department would involve the following:
<ul style="list-style-type: none"> • A complete team effort that would provide times and opportunities for all staff members to be a part of the planning process.
<ul style="list-style-type: none"> • Review the Suggested Meaningful Primary Prevention Charts (see page 27) for best practices to implement along with suggestions for how to measure outcomes.
<ul style="list-style-type: none"> • A facilitator for the planning process, someone that can lead the conversation. The Office of Primary Prevention can help provide a facilitator if desired. Contact Matt Coleman to see about availability.
<ul style="list-style-type: none"> • The utilization of a Plan-Do-Check-Act Process or SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats) for the planning process.
<ul style="list-style-type: none"> • Allow staff to choose a focus area for which they have a passion for and would want to be involved.
<ul style="list-style-type: none"> • All staff members should leave the session knowing what the health department is focused on for Primary Prevention and what their individual role will be with those efforts.
<ul style="list-style-type: none"> • The creation of a plan that can connect the clinical side of the health department to the upstream activities being implemented within the community.

Reporting and Evaluation



For the 2017-2018 Primary Prevention Plans, a new online system was developed for counties and regions to report information and outcomes for their Primary Prevention strategies. The new system is hosted in REDCap, a secure web application for building and managing online surveys and

databases. The Primary Prevention Reporting System is a project hosted in the TN Department of Health's REDCap system. Other reporting systems exist within this system, and access to each project is assigned to specific users on an individual basis. For example, reporting systems for Neonatal Abstinence Syndrome and Tobacco are also hosted in REDCap.

Getting Started

If you are a new Primary Prevention Reporting System user, please contact Dr. John Vick at john.vick@tn.gov to request access to the system. If you do not already have a REDCap account, Dr. Vick can submit a request to have one created for you. Once the account is created you will receive an automatic email from the system with a link to set up your password. Once you do that you'll be able to access the system. For all TN Department of Health staff, your REDCap username is your DC#. For external users (non-TDH staff), your username is your email address. If you are a non-TDH user, you must complete and sign user agreement forms before a TN Department of Health REDCap account can be created for you.

How to Access the Reporting System

The TN Department of Health's REDCap Site is located here:
<https://tdhrc.health.tn.gov/redcap/> .

Once you sign into REDCap, you will see the Primary Prevention Reporting System in your My Projects list. Click on the link to access the reporting system. If you do not see the Primary Prevention Reporting System project in your My Projects list, please contact Dr. John Vick at john.vick@tn.gov to be added as a user to the project.

Reporting and Evaluation

Reporting System Training Webinar

Before entering information into the reporting system, please view the recorded training webinar here: <http://tenndepthealth.adobeconnect.com/pe0w0dsjjm87/> , which serves as an orientation to the system.

Reporting System User Guide

A user guide is available as a resource for all registered users of the Primary Prevention Reporting System. It provides a step-by-step process for creating an individual record of your county's Primary Prevention Plan activities, entering information into that record, and accessing the record to review or make changes to the information entered. The user guide can be found by clicking on the File Repository link on the lower left sidebar once you are in the reporting system.

Reporting Schedule for the 2017-2018 Primary Prevention Plans

October 1, 2017	REDCap Primary Prevention Reporting System launched.
By October 31, 2017	<ol style="list-style-type: none">1. Create a record for your Primary Prevention Plan in the reporting system.2. Complete the General Info data collection instrument.3. Complete the first questions in each Strategy data collection instrument through the "What is the current status of this strategy?" question.
By January 15, 2018	Update your data collection instruments with any new information, including the current status of each strategy.
By April 16, 2018	Update your data collection instruments with any new information, including the current status of each strategy.

(Continued on next page)

Reporting Schedule for the 2017-2018 Primary Prevention Plans (Continued)

By July 15, 2018	Update your data collection instruments with any new information, including the current status of each strategy.
September 30, 2018	End of the 2017-2018 Primary Prevention Plan period. All plan activities/strategies should be complete.
By October 31, 2018	Have all of your information entered into your data collection instruments in the system, and marked as complete.

Please note that you can enter information into the reporting system on a rolling basis if you prefer, and as often as you want, as long as it is updated at least as often as indicated in the reporting schedule.

Reporting Schedule for the 2018-2019 Primary Prevention Plans

September 3, 2018	2018-2019 Primary Prevention Reporting System project goes live in REDCap and ready for data entry.
By September 28, 2018	<ol style="list-style-type: none">1. Create a record for your 2018-2019 Primary Prevention Plan in the reporting system.2. Enter general information about your 2018-2019 plan into the system (details about which fields to complete will be communicated prior to September 3 when the new project goes live).
By January 4, 2019	Update your plan's record in the system with any new information, including the current status of each strategy.
By July 31, 2019	Have all of your information for your 2018-2019 Primary Prevention Plan entered into your plan's record in the system, and marked as complete.

Please note that you can enter information into the reporting system on a rolling basis if you prefer, and as often as you want, as long as it is updated at least as often as indicated in the reporting schedule.

Reporting and Evaluation

How does the new Primary Prevention Plan format impact reporting?

The format and timeline of the 2018-2019 Primary Prevention Plans are now aligned with the county performance plans. Since the county performance plan timeline begins July 1, there will be some overlap between the implementation of the 2017-2018 Primary Prevention Plans and the 2018-2019 plans.

If there are activities in your 2018-2019 plan that are also in your 2017-2018 plan, please only record outcomes that occur after the 2018-2019 plan period. We want to ensure that no outcomes are double-counted (recorded in both reporting projects). For example, if a county is implementing a tobacco cessation program in July and August of 2018, and that program is in both the 2017-2018 and 2018-2019 Primary Prevention Plan for that county, outcomes would be recorded through the end of the 2017-2018 plan implementation period in the 2017-2018 Primary Prevention Reporting System project in REDCap, but not in the 2018-2019 Primary Prevention Reporting System project.

If there are activities in your 2018-2019 plan that are not in your 2017-2018 plan, please record all out outcomes in the 2018-2019 reporting system regardless of when those activities begin. For example, if your 2018-2019 plan includes the creation of a new physical activity club that begins in July 2018, and that club is not in your prior year's plan, you would enter the information and outcomes only into the 2018-2019 Primary Prevention Reporting System project.

Questions?

If you have questions about the Primary Prevention Reporting System please contact:

John Vick, PhD
Evaluation and Assessment Director
Office of Primary Prevention
john.vick@tn.gov

Frequently Asked Questions



What is meaningful participation?

Regional and County Directors will enable and empower regional and local health department teams to meaningfully participate in two Primary Prevention strategies through the year. Meaningful Primary Prevention work is something that has a measurable outcome. Meaningful participation is making a contribution that influences and leads to a desired outcome, idea, plan, or process.

Do all staff need to be involved with the implementation of the Primary Prevention Plan?

All staff are expected to contribute to primary prevention activities that are included in the primary prevention plan.

Do we need to count how many hours that we are involved with Primary Prevention?

No. There are no hour or time requirements. Time to accomplish and sustain upstream work varies according to community resources and needs. What matters most is integrating Primary Prevention into your usual work and working alongside your community to develop and sustain healthy places and activities, and get measurable results.

It is really hard to find time for clinical providers to be away from the clinic. Do they have to participate in Primary Prevention?

Clinicians don't have to be away from the clinic to participate in Primary Prevention. How your APNs, nurses, physicians, dentists, and others participate depends upon your clinic and community needs and resources. Clinicians have a lot to offer in planning, implementing and evaluating Primary Prevention activities. They are trusted members of the community and they are key Primary Prevention team members. Some clinicians like to be out in the community and are good at leading community collaborations and working with policy-makers, neighbors and leaders. They should be out in the community whenever possible. Other clinicians prefer sticking with one-on-one patient interactions. There are plenty of clinic-to-community connections that enhance community-based Primary Prevention efforts and those can be built into the Primary Prevention Plans.

Frequently Asked Questions



If I report something into the Primary Prevention Reporting System, does it suffice for all other reporting systems that are required for our funding source?

No, the Primary Prevention Reporting System only tracks what is in your county/region's plan. For example, if you have a funded tobacco-related initiative in your primary prevention plan, you will report into both the Primary Prevention Reporting System and the Tobacco Reporting System. However, staff at Central Office are currently working to develop a coordinated reporting system where you will be able to enter everything in one place and reduce duplicative reporting.

How often do we need to report into the Primary Prevention Reporting System?

*Every county/regional health office has assigned and registered reporters that are responsible for submitting the reporting for their county's/region's Primary Prevention Plan. The reporting schedule is available on **page 14** of this resource guide. The only hard deadline that the Office of Primary Prevention has created is the closeout date that corresponds with closing out the plan year. The other interim reporting deadlines that are listed are soft deadlines. We understand that with some projects and activities that you might not have anything to report on until a certain time of the year. Therefore, you are not required to have something reported on in the system until the closeout date. However, you can enter information into the reporting system on a rolling basis if you prefer, and as often as you want, as long as it is updated at least as often as indicated in the reporting schedule.*

Who should be involved with creating our Primary Prevention Plan?

Ideally, every staff member of your health department should be involved with the creation of the department's Primary Prevention Plan. This will allow for improved buy-in from staff. Staff will leave the planning session knowing what the health department is focused on from the Primary Prevention standpoint, and what their individual role with that plan will be for the upcoming year.

Can I make changes to our Primary Prevention Plan later in the year?

Yes, you can make changes to your approved Primary Prevention Plan. If you are going to remove an outcome statement from your plan, please go into the Primary Prevention REDCap Reporting System and close it out as appropriate.

If you are going to add a new outcome statement to your plan that was not previously approved, please write out the plan in the plan format, and go through the appropriate approval processes in your local/regional health office, and submit to Central Office-Community Health Services Office for final approval. Once approved, please add this outcome statement and action steps to your section of the Primary Prevention REDCap Reporting System.

If you are just adding an action step to your approved plan, you do not need to go through all the approval levels. Just make sure to add it and report on it in the Primary Prevention REDCap Reporting System.

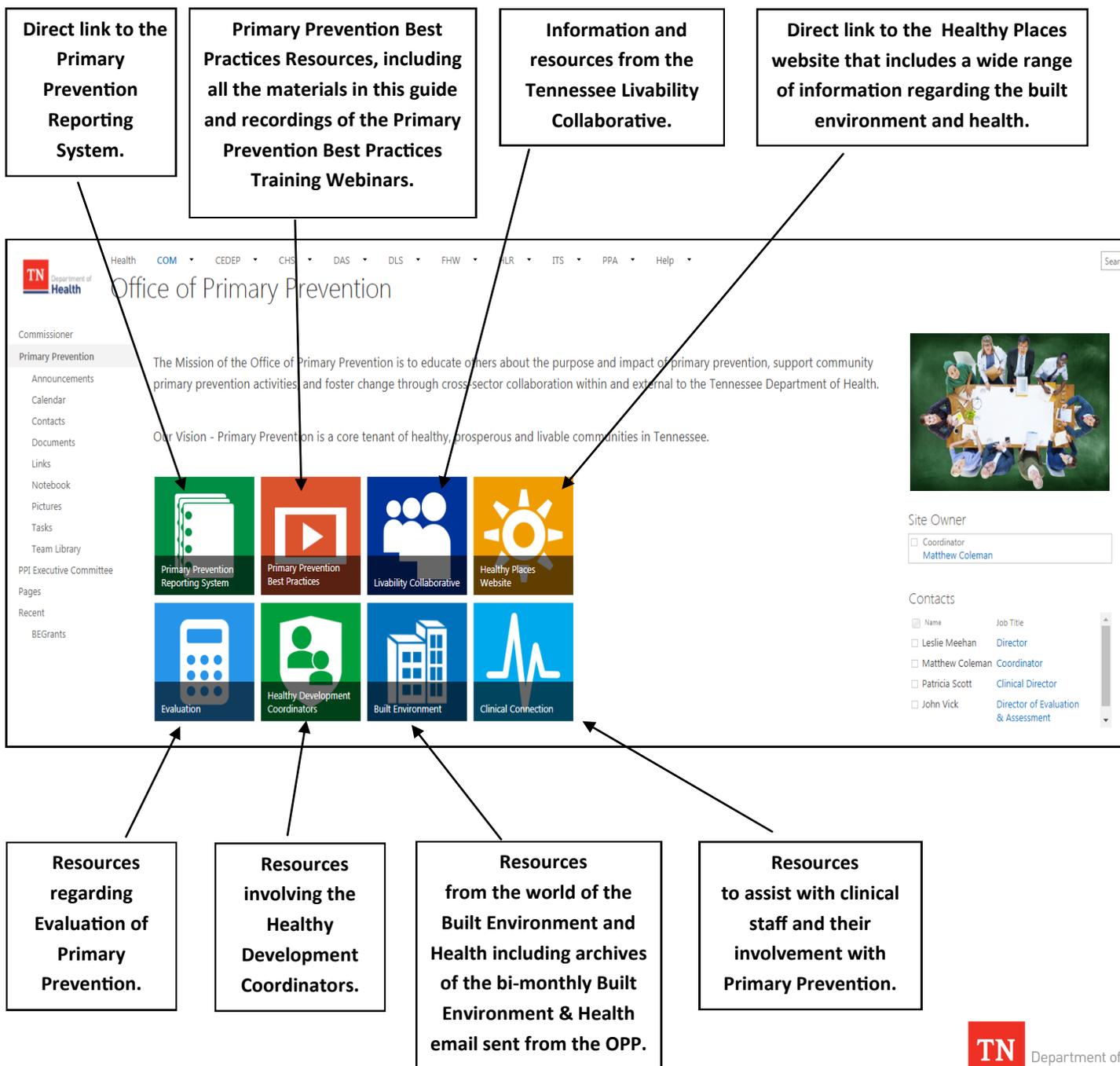
As a reminder at anytime, if you have any primary prevention related questions, please reach out to the Office of Primary Prevention staff and we will get you an answer!

Helpful Office of Primary Prevention Resources

Sharepoint

The Office of Primary Prevention Sharepoint site has been updated to help make the variety of resources offered, easier to find. There are now more navigation buttons on the homepage that can directly take you to the materials you are seeking.

If you need to gain access to the site, please email Matt Coleman at Matthew.Coleman@tn.gov for access to be granted.



Helpful Office of Primary Prevention Resources (continued)

Suggested Meaningful Primary Prevention Charts

The Suggested Meaningful Primary Prevention Charts, available on **pages 27 and on the OPP Sharepoint Site**, are broken down by the BIG 4 topic areas. They are intended to help you with determining the best practices in those focus areas, that you would like to consider implementing in your community.

You should consider looking at your local health data to help you make this determination and with writing your overall goal for this initiative.

Potential focus area that you are considering

Physical Activity

Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?

★ Optimal
↑ Upstream
Aa Teaching/

Built Environment Initiatives	Shared Use Agreements	School/Daycare Based Policy
<ul style="list-style-type: none"> <i>New Playgrounds: (PG) Baseline #; new #; Community discussions on new PG, usage (Sys. For Observing Play & Rec. in Communities); Population impacted & reach; Awareness of PG, Satisfaction Survey of users; Overall impact on personal physical activity. ★ ↑</i> <i>New Greenways & Trails: # of existing; Connections with existing; Community discussions on new GW; # of new GW built; Usage, Population impacted & reach; Awareness of GW; Satisfaction Survey of users; Overall impact on personal physical activity. ★ ↑</i> <i>New Sidewalks: # of existing sidewalks; Connections to existing; Community discussions on new SW; # of new SW built; Usage; Population Impacted/Reach; Satisfaction of users; Awareness of SW. ★ ↑</i> <i>New Bike Lanes: # of existing BL, connections to BL, community discussions on BL, # of new BL, knowledge of BL; Population Impacted/Reach; Satisfaction of users; Awareness of BL. ★ ↑</i> <i>Formal Policies: Complete Streets, Built Environment Plan, # of policies in place; Discussions of new policies; Current policies; Population Impacted/Reach. ★ ↑</i> <i>Employer owned/built walking tracks, walking maps/routes, promotion of.</i> 	<ul style="list-style-type: none"> Define the community you are targeting: Schools, Parks&Rec, Churches, Civic/Community groups, Businesses. Aa Define current policies in place and map the policies. Aa Define Types of Agreements in place: Verbal/Written/"Tennis courts only." Aa Who is leading the effort? Aa Execute shared use agreements in your community. ★ ↑ <p style="text-align: center; font-weight: bold; font-size: small;">"Physical Activity Clubs"</p> <ul style="list-style-type: none"> Creating Adult based run/cycling/walking/etc: # of existing; # of new; # of discussions for creation; # of participants; Location club is based?; Public/Private Club? ★ Aa Creating After-School youth based run/cycling/walking/etc clubs: # of existing; # of new; # of participants; Location of Club; Public/Private Club? ★ Aa Healthy Parks, Healthy People: # parks in county; # of app downloads per zip code, # of active participants per zip code ★ Aa 	<ul style="list-style-type: none"> <i>Physical Activity (PA) Plan / Family Support with PA: Comprehensive School Phys. Activity Plan in place; Before/During/After School; # of schools/districts approached about plan; School based wellness councils in place. ★ ↑ Aa</i> <i>Safe Routes to School: # of existing programs; # of schools approached; # of community partners involved; # of new SFTS programs implemented. ★ ↑ Aa</i> <i>Gold Sneaker Designation/Re-Designation: # of existing; # of new; # of discussions. ★ ↑ Aa</i> <i>Go Noodle Physical Activity Programs: # of schools, childcare facilities in area; # utilizing program; # of students. ★ Aa</i>

Each suggested meaningful best practice has been scored to help you consider which of the 3 Guiding Questions would be answered through implementation.

As you put your plan together, think about these 3 Guiding Questions from the State Health Plan. These should be asked of every initiative that you work on, no matter what your role is.

Within the boxes, you will see an overall strategy, followed by specific projects that could be considered or suggested steps to consider for achieving the overall strategy.

In the italics, you will see suggested measures to use if implementing that specific meaningful best practice.

Helpful Office of Primary Prevention Resources (continued)

Healthy Development Coordinators

In mid-2017 the Office of Primary Prevention, in coordination with the Division of Community Health Services, hired seven new regional positions titled Healthy Development Coordinators (HDCs). The seven Coordinators are each located within a different health department region and are housed within their respective regional health department. Each HDC is responsible for being a liaison between the public health and community planning professions, while advocating for and coordinating health-promoting community development projects throughout their region. Much of their work includes: connecting health professionals with planners and designers; cross-sector partnership development; added capacity for community development plans, projects, and initiatives; facilitating stakeholder meetings; public engagement; data analysis and evaluation; project management; and funding identification. The HDCs are provided ongoing training and logistics support from the Office of Primary Prevention in efforts to further align state, regional, and local resources.

Healthy Development Coordinators

Tennessee Department of Health

 Northeast

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423.979.4648

 West

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 East

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 Mid-Cumberland

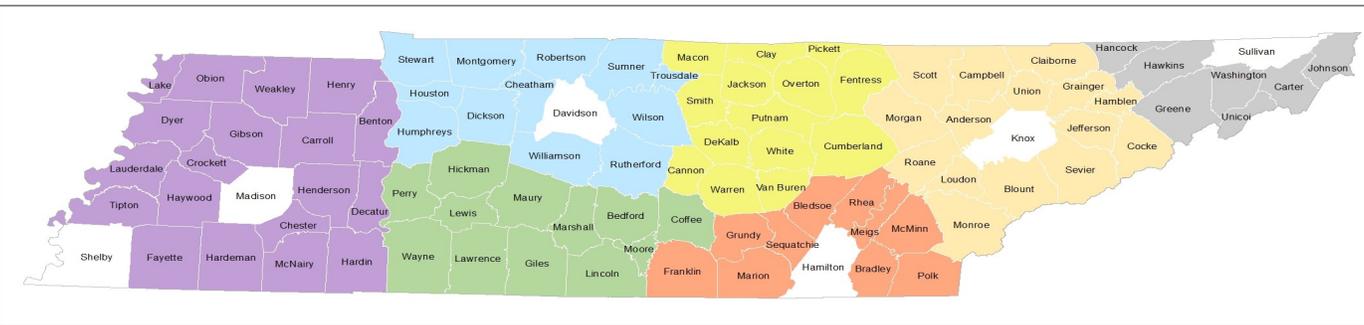
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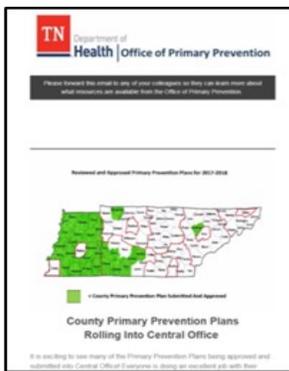
Helpful Office of Primary Prevention Resources (continued)

The Access to Healthy Built Environment Grants

In the spring of 2018, the Office of Primary Prevention awarded \$1.8 million to 35 health-promoting built environment projects. Funded activities include convening, programming, and/or construction of built environment infrastructure including park renovations, trail construction, master planning, and much more. Keep in mind, the Healthy Development Coordinators can help incorporate built environment projects into the Primary Prevention Plans (not just these grant projects).

Office of Primary Prevention Communications and Training Webinars

In an effort to stay in consistent contact with you and to make sure you are aware of the latest news and resources the office has created a monthly newsletter the is focused solely on Primary Prevention. The Office also sends out a bi-monthly email (Built Environment & Health News) focused on the built environment and physical activity. If you are not receiving these emails, please contact the Office of Primary Prevention to be added to the distribution list.



Office of Primary Prevention Monthly Email and
Bi-monthly Email Built Environment & Health News



Quarterly
Primary Prevention
Best Practices Training
Webinars

Throughout the year, the Office of Primary Prevention offers quarterly webinars that highlight best practices within the world of Primary Prevention. The webinars are announced in the Office of Primary Prevention Monthly Emails. Previous webinars have highlighted Joint Use Agreements; Healthy Eating and Active Living work with communities of faith; Youth tobacco curricula, and building social support for breastfeeding.

Helpful Office of Primary Prevention Resources (continued)

The Tennessee Livability Collaborative

The Collaborative is a working group of Tennessee state agencies with a mission of improving the prosperity, quality of life, and health of Tennesseans through state department collaboration in the areas of policy, funding, and programming.



Vision

A high quality of life for all Tennesseans that includes opportunities for education, employment, health, transportation, healthy foods, housing, recreation and culture in Tennessee communities with the goal of advancing the economic competitiveness of Tennessee by enhancing the livability of Tennessee communities. By creating attractive, enjoyable, active and socially engaging environments that optimize the health of children and adults, Tennessee fosters the best opportunities for children to grow and learn, as well as increases the productivity and contribution of adults to their communities and workplaces.

Priority County ThreeStar Planning Initiative

The TN Livability Collaborative, in partnership with the TN Department of Economic and Community Development, hosted public meetings to assist several counties with the development of their 2018-2019 ThreeStar Plans. The meetings were attended by local stakeholders and representatives from the 12 state agencies that make up the Collaborative to share data, priorities, and resources for each county to inform the development of the plans.

TN Ambassador League

The TN Livability Collaborative, in partnership with Governor Haslam's Customer Focused Government initiative and the Department of Human Resources, has developed a learning institute and training opportunity for state government staff to learn about programs and resources available across TN State government around jobs, transportation, housing, food and education. Training participants will be front line supervisors or high performing citizen-facing staff, who will then train their front-line workforce that directly engage with citizens and become the local or regional champion for cross-sector collaboration from their respective agencies.

Primary Prevention Bright Spot Awards

The Bright Spot Awards are an effort to recognize examples of meaningful Primary Prevention work taking place across our state. Here are the steps to nominate an initiative:

- 1.) Visit the Office of Primary Prevention Sharepoint Site to download the nomination form. All nominations must be submitted by July 1, 2018. One nomination form must be completed per initiative nominated. Email completed nominations to Matt Coleman (Matthew.Coleman@TN.gov)
- 2.) All nominations received are redacted so that the review committee will not know the exact location and persons involved with the initiative. The review committee is made up of individuals from each region of the state. They will review, score, and discuss each submission. An average of the final scores given by the review committee will be used to determine the award level earned.
- 3.) Award levels include Platinum, Gold, Silver, Bronze, and Honorable Mention.
- 4.) Awardees will be announced in the fall of 2018.
- 5.) Each nomination will be presented with a comprehensive feedback report from the committee, which will include strengths of the initiative and opportunities for improvement.



Giles County Health Dept.



Chattanooga-Hamilton County Health Dept.



Metro Nashville Public Health Dept.



Northeast Regional Health Office



Franklin County Health Dept.



Washington County Health Dept.



Sullivan County Regional Health Dept.



Cocke County Health Dept.



East Regional Health Office



Hamblen County Health Dept.



2016-2017 Bright Spot Awardees

Appendix

Office of Primary Prevention Contact Information

Contact information for the Office of Primary Prevention



Department of
Health

**Office of
Primary Prevention**



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Suggested Meaningful Primary Prevention Initiatives

The following charts are built around the Big 4 focus areas. They provide examples of best practices to consider, along with suggested ways to measure their impact. The charts also address the three questions being asked by the State Health Plan.

Physical Activity

Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?



Optimal



Upstream



Teaching/

Built Environment Initiatives

Consider collaborating with your region's Healthy Development Coordinator regarding these activities (see pg. 20 for more details)

- **New and Enhanced Playgrounds:** (PG) Baseline #; new #; Community discussions on new PG, usage (Sys. For Observing Play & Rec. in Communities); Population impacted & reach; Awareness of PG, Satisfaction Survey of users; Overall impact on personal physical activity. ★ ↑
- **New Greenways & Trails:** # of existing; Connections with existing; Community discussions on new GW; # of new GW built; Usage, Population impacted & reach; Awareness of GW; Satisfaction Survey of users; Overall impact on personal physical activity. ★ ↑
- **New Sidewalks:** # of existing sidewalks; Connections to existing; Community discussions on new SW; # of new SW built; Usage; Population Impacted/Reach; Satisfaction of users; Awareness of SW. ★ ↑
- **New Bike Lanes:** # of existing BL, connections to BL, community discussions on BL, # of new BL, knowledge of BL; Population Impacted/Reach; Satisfaction of users; Awareness of BL. ★ ↑

Built Environment Initiatives

- **Formal Policies:** Complete Streets, Built Environment Plan, # of policies in place; Discussions of new policies; Current policies; Population Impacted/Reach. ★ ↑
- **Open Streets Program-** # of current open streets events in community, meetings to create a program, # of new open streets events, # of attendees. ↑ Aa
- **Street Safety-** # of labeled cross walks, # of new/enhanced crosswalks street lights, etc. ★ ↑ Aa

Physical Activity Clubs

- **Creating Adult based run/cycling/walking/etc.:** # of existing; # of new; # of discussions for creation; # of participants; Location club is based?; Public/Private Club? ★ Aa
- **Creating After-School youth based run/cycling/walking/etc. clubs:** # of existing; # of new; # of participants; Location of Club; Public/Private Club? ★ Aa

Shared Use Agreements

- Define the community you are targeting: Schools, Parks&Rec, Churches, Civic/Community groups, Businesses. Aa
- Define current policies in place and map the policies. Aa
- Define Types of Agreements in place: Verbal/Written/"Tennis courts only." Aa
- Who is leading the effort? Aa
- Execute shared use agreements in your community. ★ ↑

School/Daycare Based Policy

- **Physical Activity (PA) Plan / Family Support with PA:** Comprehensive School Phys. Activity Plan in place; Before/During/After School; # of schools/districts approached about plan; School based wellness councils in place. ★ ↑ Aa
- **Safe Routes to School:** # of existing programs; # of schools approached; # of community partners involved; # of new SFTS programs implemented. ★ ↑ Aa
- **Gold Sneaker Designation/Re-Designation:** # of existing; # of new; # of discussions. ★ ↑ Aa

Community Parks and Rec Based Activity

- **Healthy Parks, Healthy Person:** # parks in county; # of app downloads per zip code, # of active participants per zip code ★ Aa
- **Community Open Physical Fitness Classes:** # of current classes; # of new classes; # of participants; Potential biometrics ★ ↑ Aa

Healthy Weight

Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?



Optimal



Upstream



Teaching/

School Based/Employer Based/Health Council Based

- **School Gardens:** # of existing; # of new; Discussion on future; Potential reach. ★ Aa
- **Vending Policies for schools-colleges:** # of existing; # of new; discussion on future; Potential reach. ★ ↑ Aa
- **Water Bottle Refill Stations:** # of existing; # of new; # of gallons filled; discussion work on future; Potential reach. ★ ↑ Aa
- **Employer Food Policies/ School-based meal policy:** # of existing; # of new; Discussion work on future; Potential reach. ★ ↑ Aa
- **Gold Sneaker Designation/Re-designation:** # of child care facilities; # targeted; # that gain certification; # that get recertification. ★ ↑ Aa
- **Farm to Fork:** # of schools; # of schools utilizing farm to fork program; # of students impacted; Potential reach. ★ ↑ Aa
- **Health Council Strengthening:** # of current members; # of new members added; # of targets to join; Strategic Plan in Place?; # of meetings through year. ★ ↑ Aa

School Based/Employer Based/Health Council Based cont.

- **Fuel Bags/Backpack weekend food program/Meals on Wheels:** # of current programs; # of new programs; # of created and distributed. ★ ↑
- **Summer Meal Program:** # of summer feeding program sites and sponsors; # of new; # of youth fed ★ ↑
- **Enhancing Food Pantry with healthy cooking classes/items:** # of existing food pantries; # of cooking classes offered; # of participants ★ Aa
- **Park and School Concession Stand Policy & Practice w/healthy food:** # of concession stands; # of current policies; # of new policies; Potential reach of policies ★ ↑ Aa

Promoting Breastfeeding

- **Breastfeeding Welcomed Here:** # of existing businesses; # of targeted; # of new; # of “no’s and reason why. ★ Aa
- **Baby Friendly Hospitals (adopting 10 policies that supportbreastfeeding):** Coalition built; Target hospitals, Policy in place. ★ ↑ Aa
- **“Ban the Bag” (Formula Marketing) at birthing hospitals:** # of hospitals; # of policies in place; # of discussions in place; Creation of pro-breastfeeding bag; # of hospitals dispensed at; Population reach. ★ ↑ Aa
- **Workplace Policy:** # of employers; # of policies; # of lactation rooms; Knowledge of pumping policy; Usage of mothers’ rooms. ★ ↑ Aa
- **Mothers Rooms in Community:** # of potential locations to add a mothers room to; # of current mothers rooms; # of new mother’s rooms created. ★ ↑ Aa

Access to Healthy Foods

- **Develop a Farmers’ Market/ Enhance current Market:** # of existing markets; # of new markets; Feedback on building a market; Patronage levels at market. ★ Aa
- **Convenient Stores w/Healthy Foods/Family Friendly Check Out Lanes:** current stores and their offerings; # of targeted stores; # of new policy; % of sales due to healthier food items. ★ Aa
- **Community Garden:** Current gardens; New gardens; Development work for future gardens; Potential pop. reach; # of participants ★ Aa
- **Double Bucks SNAP:** # vendors accepting; Community knowledge of this option; # of future targets; # of new vendors accepting. ★ Aa
- **SNAP EBT Certified:** # certified; Potential targets; Mtgs. with potential vendors. ★ Aa
- **Mobility-Transportation Rural and Low Income:** Current availability, Future availability, Public knowledge. Aa
- **Microclinics:** # of microclinics implemented; # of participants; aggregate biometric numbers captured. ★ ↑ Aa

Tobacco-Free

Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?



Optimal



Upstream



Teaching/

Reduce SHS Exposure

- **Smoke-free Community Initiatives (including ENDS):** # of smoke-free policies in public places at community level (city/county); Potential reach of policy.
- **Smoke-free Media:** # of media efforts/types of media/ estimated # of reached audience.
- **Gold Sneaker Designation-Re-Designation:** # of facilities certified; # of re-certifications; # of potential target facilities; Potential reach of policy.
- **# of Schools/Universities/Health Care Facilities/Parks/Church Grounds/ Government Entities w/tobacco free grounds policies:** # of potential; # of actual policies in place; Potential reach of policy.
- **Multi-Unit Housing Policy:** # of potential housing units; # of actual policies; Potential reach of policy.

Youth Engagement

- **Tobacco Summits/Campaigns:** # of summits-Campaigns; # of participants; Focus of summit.
- **Kick-Butts Day Activities:** # of activities, # of participants, Types of activities.
- **Tennessee Teens Talk Tobacco (T4-Peer Education Groups):** # of active-certified groups, # of participants, # of activities, types of activities, # of youth reached in activities.
- **Point of Sale (checking ID's, marketing displays at retailers):** # retailers in violation of sales to minors; # of retailers in violation of marketing restrictions.
- **TNStrong Program:** # of ambassadors; # of meetings.
- **Social Media Campaigns:** Type of Campaign; # of individuals reached; Length of campaign.

Cessation

- **Quitline Utilization and Enrollment:** # of referrals; % that quit.
- **Baby and Me:** # of enrollees; # of successful quitters.
- **World No-Tobacco Day/ Great American Smoke-out/It's Quitting Time in Tennessee:** # of activities; # of people reached; types of activities; # of policy changes.

Substance Misuse

Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?



Optimal



Upstream



Teaching/

Prescription Drugs

- **Neo-Natal Abstinence/VRLACS Initiative:** # of Prisons; # of potential inmates; # of teaching sessions; # of inmates that get VRLACS.
- **Take-Back Initiatives:** # of Community Partners; # of events; # of prescriptions taken back; % of take back is Opioids.
- **Count It, Lock It, Drop It:** # of potential locations for a box; # of boxes in community; # of pounds of prescriptions collected; % of opioids in collected.
- **Implement Incineration Sites:** # of current sites; # of potential sites; # of prescriptions incinerated.
- **Pharmacy Bag Tags:** # of community pharmacies; # of pharmacies distributing tags; # of tags distributed.
- **Floor Talker Initiative:** # of potential stores to show talkers; # of stores with floor talkers; Potential message reach.
- **Educating Prescribers on not prescribing opioids to women of childbearing age:** # of potential prescribers in community; # of teaching sessions.
- **Get involved with Community Substance Misuse Coalition:** # of community coalitions; # of meetings attended.
- **Promote the Good Samaritan Law:** # of ways to promote the law; # of people reached.
- **Understanding what resources are available in your community:** # of community partners; # of potential community partners.
- **Promote the TN Pharmacy Board chronic disease self management/pain management certificate program to local pharmacist:** # of potential pharmacists in community; # of certified pharmacists in community.

Alcohol

- **Work with Beer Board to enforce policies and enact stronger penalties:** # of existing policies; # of meetings with beer board; # of penalties enacted
- **Establish a consistently-enforced matrix of fines and penalties for alcohol retailers that sell to minors as documented by local ordinance to eliminate political decisions:** # of current ordinances; # of penalties enforced; # of fines collected.
- **Promote and track local signage to businesses (We ID, etc...):** # of current businesses selling; # of alcohol signage in community; # in violation.
- **“Text A Tip” for suspected sources to minors:** Textline in place?; Establish a textline; # of texts received; # of violations occurring through line.
- **Conduct responsible sales training:** # of trainings implemented; # of sales people trained; # of violations.
- **Training for parents on the importance of not hosting, buying alcohol for minors:** # of trainings implemented; # of parents trained; # of community violations.

Primary Prevention Annual Planning Document

This form will be included with your 2018-2019 County Performance Plan. It is recommended that you review local health data resources to determine your two focus areas for your Primary Prevention work. Any focus outside the Big 4 should include needs documentation on the community need.

County Performance Plan Mid-Year Assessment FY2018/2019

County Name:		 <i>Mission: To protect, promote and improve the health and prosperity of people in Tennessee.</i> <i>Vision: A recognized and trusted leader, partnering and engaging to accelerate Tennessee to one of the nation's ten healthiest states.</i>		
Performance Indicator	Outcome Statement 1	Outcome Measure(s)	Action Steps	Mid-Year Measureables
		1.		
		2.		
		3.		

State Health Plan Framework

This one page overview provides information on the 2016 Edition of the State Health Plan.

The New Framework of the 2015 Edition of the State Health Plan

1. Three Questions to Ask

Anyone can use these questions to align their strategies towards better health:

Are we creating and improving opportunities for optimal health for all?

Are we moving upstream?

Are we learning from or teaching others?

2. An Actionable Repository of Successes, Failures, and Opportunities

A growing library of lessons learned and goals by area, easily found by *Levers* available to influence health in Tennessee's *Places & Spaces*:



3. Vital Signs for Tennessee

A set of key indicators to track progress towards Tennessee's better health. Currently under development and based on the work of the National Academy of Medicine.

Data Resources

Do you truly know the health of your community? You need baseline data to determine what is good and bad for your target population. Use these resources to assist you with planning your initiatives.

Finding Good Data

Data can help you:

- Confirm “suspicions” or “hunches”
- Sharpen your focus on a particular aspect of the topic
- Identify baseline for measuring improvement
- Select a strategy
- Target an intervention

Some potential data sources:

- Local community health assessments
- County Health Rankings & Roadmaps: countyhealthrankings.org
- Centers for Disease Control: cdc.gov/datastatistics/
- US Census: census.gov/data.html
- Kids Count Data Center: datacenter.kidscount.org
- Community Commons: communitycommons.org
- AARP Livability Index: livabilityindex.aarp.org/
- Tennessee Aging Data by County, TN Commission on Aging and Disability: tn.gov/aging/administration/forms-and-publications/the-state-of-aging-in-tennessee.html
- Tennessee Opioid Data Dashboard: tn.gov/health/health-program-areas/pdo/pdo/data-dashboard.html
- USDA Food Environment Atlas: ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/
- Central Office Program Staff (Check with the Office of Primary Prevention staff to determine what you need, and the Office of Primary Prevention can direct you to the correct person)